



CHANGE OF PURCHASER

CURRENT PURCHASER'S NAME: _____

BENEFICIARY'S NAME: _____

ACCOUNT NUMBER: _____

PLEASE PRINT

NEW PURCHASER'S NAME: _____ SSN# _____

ADDRESS: _____

HOME PHONE #: () _____ WORK PHONE #: () _____

REASON FOR CHANGE IN PURCHASER: (circle one) Death of Purchaser Disability of Purchaser

If the change in purchaser is due to the death of the purchaser:

- 1) Please provide a copy of the Purchaser's death certificate.
- 2) Contract rights may be transferred by the Purchaser to the Purchaser's Successor-In-Interest, as identified on the Purchaser's KAPT Application Form or Successor-In-Interest Form. In the absence of the Purchaser's designation of Successor-In-Interest on the KAPT Application Form or Successor-In-Interest Form, the Purchaser's contract shall be assigned on his death to the Purchaser's surviving spouse.
- 3) As evidence of the Purchaser's surviving spouse, please forward a copy of the Probate Petition relating to the Purchaser's estate or such other documentation identifying the New Purchaser as surviving spouse.

If the change in purchaser is due to the disability of the purchaser:

- 1) Contract rights may be transferred on the disability of the Purchaser to the named individual or entity as stated on the Purchaser's KAPT Application Form or Successor-In-Interest Form. In the absence of such written designation, the Purchaser's duly-appointed representative shall become the Purchaser's Successor-In-Interest.
- 2) Please forward copies of Purchaser's power of attorney or other legal instrument or court order appointing the Purchaser's Successor-In-Interest. In addition, sufficient evidence must be submitted documenting the determination of Purchaser's disability by court order or such documents signed by Purchaser's physician.

TO AUTHORIZE THIS PURCHASER CHANGE, THE NEW PURCHASER IS REQUIRED TO SIGN IN THE SPACE BELOW IN THE PRESENCE OF A NOTARY.

By signing below, I am agreeing to all terms and conditions in the KAPT Master Agreement.

NEW PURCHASER'S SIGNATURE

STATE OF KENTUCKY
COUNTY OF _____

DATE

The foregoing instrument was acknowledged
before me this _____ day of _____, 20____

NOTARY PUBLIC, STATE OF KENTUCKY

This change shall become valid upon acceptance by KAPT.
Please send this completed form and required documentation to the following address:
KAPT, KHEAA, PO Box 798
Frankfort, KY 40602-0798